

# **PHA Plans**

## **Streamlined Annual Version**

**U.S. Department of Housing and  
Urban Development**  
Office of Public and Indian  
Housing

OMB No. 2577-0226  
(exp. 05/31/2006)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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# **Streamlined Annual PHA Plan**

## **for Fiscal Year: 2004**

### **PHA Name: Housing Authority of the Town of Tishomingo**

### **Version: 01**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Housing Authority of the Town of Tishomingo

**PHA Number:** OK066001

**PHA Fiscal Year Beginning:** (mm/yyyy) 01/2004

### PHA Programs Administered:

☐ **Public Housing and Section 8**

Number of public housing units:

Number of S8 units:

☐ **Section 8 Only**

Number of S8 units:

☒ **Public Housing Only**

Number of public housing units: 36

☐ **PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

### PHA Plan Contact Information:

Name: Ronnie L. Morehead

Phone: (580) 332-2399

TDD:

Email (if available): nnormore@sbcglobal.net

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

☒ PHA's main administrative office ☐ PHA's development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. ☒ Yes ☐ No.

If yes, select all that apply:

☒ Main administrative office of the PHA

☐ PHA development management offices

☐ Main administrative office of the local, county or State government

☐ Public library ☐ PHA website ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

☒ Main business office of the PHA ☐ PHA development management offices

☐ Other (list below)

## Streamlined Annual PHA Plan Fiscal Year 2004 [24 CFR Part 903.12(c)]

### Table of Contents [24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

#### **A. PHA PLAN COMPONENTS**

<input type="checkbox"/>	1. Site-Based Waiting List Policies	4
	<b>903.7(b)(2) Policies on Eligibility, Selection, and Admissions</b>	
<input checked="" type="checkbox"/>	2. Capital Improvement Needs	5
	<b>903.7(g) Statement of Capital Improvements Needed</b>	
<input type="checkbox"/>	3. Section 8(y) Homeownership	6
	<b>903.7(k)(1)(i) Statement of Homeownership Programs</b>	
<input type="checkbox"/>	4. Project-Based Voucher Programs	7
<input type="checkbox"/>	5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.	8
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<input checked="" type="checkbox"/>	Attachment <u>C</u> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	32
<input checked="" type="checkbox"/>	ATTACHMENT D: Component 10 (B) Voluntary Conversion Initial Assessment	33
<input checked="" type="checkbox"/>	ATTACHMENT E: Progress in meeting 5 Year Plan Mission and Goals	35
<input checked="" type="checkbox"/>	ATTACHMENT F: PHA Certification of Compliance with the PHA Plans and Related Regulations – Board Resolution to Accompany the PHA Plan	
<input checked="" type="checkbox"/>	ATTACHMENT G: HUD-50070, Certification for a Drug Free Workplace	
<input checked="" type="checkbox"/>	ATTACHMENT H: HUD-50071, Certification of Payments to Influence Federal Transactions	
<input checked="" type="checkbox"/>	ATTACHMENT I: SF-LLL, Disclosure of Lobbying Activities	

## B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, Certification for a Drug-Free Workplace;**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions;** and

**Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.**

## 1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. ☐ Yes ☐ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or

complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

## **B. Site-Based Waiting Lists – Coming Year**

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3. ☐ Yes ☐ No: May families be on more than one list simultaneously?  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
  - ☐ PHA main administrative office
  - ☐ All PHA development management offices
  - ☐ Management offices at developments with site-based waiting lists
  - ☐ At the development to which they would like to apply
  - ☐ Other (list below)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Capital Fund Program**

1. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. ☐ Yes ☒ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

**B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. ☐ Yes ☒ No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status
a. Development Name:
b. Development Number:
c. Status of Grant:
<input type="checkbox"/> Revitalization Plan under development
<input type="checkbox"/> Revitalization Plan submitted, pending approval
<input type="checkbox"/> Revitalization Plan approved
<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3. ☐ Yes ☐ No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

4. ☐ Yes ☐ No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5. ☐ Yes ☐ No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**

(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

## 2. Program Description:

### a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

### b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

## 3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- ☐ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- ☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- ☐ Demonstrating that it has other relevant experience (list experience below):

## **4. Use of the Project-Based Voucher Program**

### **Intent to Use Project-Based Assistance**

☐ Yes ☒ No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. ☐ Yes ☐ No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- ☐ low utilization rate for vouchers due to lack of suitable rental units
- ☐ access to neighborhoods outside of high poverty areas

☐ other (describe below:)

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

## **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☐ The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - ☐ Other: (list below)
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)



## 6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the Town of Tishomingo			Grant Type and Number Capital Fund Program Grant No: OK56P06650104 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	3,500			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	49,892			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	53,392			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the Town of Tishomingo		Grant Type and Number Capital Fund Program Grant No: OK56P06650104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

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## Part II: Supporting Pages

form HUD—50075-SA (04/2003)

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
<b>PHA Name:</b> Housing Authority of the Town of Tishomingo			<b>Grant Type and Number</b> Capital Fund Program No: OK56P06650104 Replacement Housing Factor No:				<b>Federal FY of Grant:</b> 2004
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
OK066001	9/30/06			9/30/07			
PHA WIDE	9/30/06			9/30/07			

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the Town of Tishomingo			Grant Type and Number Capital Fund Program Grant No: OK56P06650103 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	3,500	3,500		
3	1408 Management Improvements				
4	1410 Administration	0	1,050		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	48,842	48,242		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures		600		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	53,392	53,392		
22	Amount of line 21 Related to LBP Activities				
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<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the Town of Tishomingo			Grant Type and Number Capital Fund Program Grant No: OK56P06650103 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				



## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the Town of Tishomingo		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P06650103 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	TRSF TO OPERATIONS	1406		3,500	3,500		0.00	NOT STARTED
PHA WIDE	ADMINISTRATION OF 2003 CFP FUNDS	1410		0	1,050		0.00	NOT STARTED
OK066001	REPLACE 4 SETS OF KITCHEN CABINETS, SINKS & FAUCETS	1460	4	32,842	11,242		0.00	NOT STARTED
OK066001	REPLACE CARPET/PAD & FLOOR TILE IN 8 UNITS	1460	8	16,000	20,000		0.00	NOT STARTED
OK066001	REPLACE ENTRY DOORS	1460	22	0	9,000		0.00	NOT STARTED
OK066001	REPLACE CARPET-ELDERLY	1460	5	0	3,500		0.00	NOT STARTED
OK066001	INSTALL DEADBOLT LOCKS	1460	73	0	4,500		0.00	NOT STARTED
OK066001	REPLACE OVERHEAD DOOR	1470	1	0	600		0.00	NOT STARTED
							0.00	NOT STARTED

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the Town of Tishomingo			<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P06650103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor** Printed 11/17/03 4:14 P

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**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Printed 11/17/03 4:14 PM

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the Town of Tishomingo			Grant Type and Number Capital Fund Program Grant No: OK56P06650102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	5,406	8,724	5,406	5,406.00
3	1408 Management Improvements				
4	1410 Administration	2,937	500	500	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	4,083	4,083	4,083.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	54,043	46,236	46,236	46,235.52
11	1465.1 Dwelling Equipment—Nonexpendable		3,520	3,520	3,520.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	6,384	5,707	4,457	4,456.92
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	68,770	68,770	64,202	63,701.44
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the Town of Tishomingo		Grant Type and Number Capital Fund Program Grant No: OK56P06650102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority Town of Tishomingo			<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P06650102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	TRANSFER TO OPERATION	1406		5,406	8,724	5,406	5,406.00	COMPLETE
PHA WIDE	ADMIN. OF CFP FUNDS	1410		2,937	500	500	0.00	IN PROGRESS
OK066001	REPLACE KITCHEN SINKS, CABINETS & FAUCETS	1460		0	0	0	0.00	N/A
OK066001	REPLACE FLOOR TILE	1460		0	0	0	0.00	N/A
OK066001	REPLACE CARPET IN 3 ELDERLY UNITS	1460	3	0	1,722	1,722	1,722.03	COMPLETE
OK066001	REPLACE STORM DOORS	1460	72	11,880	13,421	13,421	13,421.00	COMPLETE
OK066001	BUILD A 15' X 30' X 8' METAL STORAGE BUILDING	1470	1	3,884	0	0	0.00	N/A
OK066001	INSTALL FULL SECURITY SCREENS ON ALL UNITS	1460	252	25,200	13,401	13,401	13,400.60	COMPLETE
OK066001	REROOF 5 DUPLEXES	1460	5	10,000	0	0	0.00	N/A
OK066001	REPLACE EXISTING WINDOWS W/DOUBLE PANE THERMAL WINDOWS	1460	31	6,963	4,279	4,279	4,278.68	COMPLETE
PHA WIDE	PURCHASE SEWER MACHINES	1475	1	1,500	1,065	1,065	1,065.29	COMPLETE
PHA WIDE	PURCHASE TABLE SAW	1475	1	600	173	173	172.99	COMPLETE
PHA WIDE	PURCHASE SPRAY PAINTER	1475	1	400	351	351	350.96	COMPLETE

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority Town of Tishomingo		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P06650102 Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	LEAD BASED PAINT TEST	1430	19	0	1,330	1,330	1,330.00	COMPLETE
PHA WIDE	LBPT RISK ASSESSMENT	1430	11	0	2,753	2,753	2,753.00	COMPLETE
OK066001	REPLACE RANGES	1465	5	0	1,300	1,300	1,300.00	COMPLETE
OK066001	REPLACE REFRIGERATORS	1465	6	0	2,220	2,220	2,220.00	COMPLETE
OK066001	SPRAY CEILINGS - 1031	1460	1	0	300	300	300.00	COMPLETE
OK066001	INSTALL DRYER VENTS	1460	10	0	823	823	823.21	COMPLETE
PHA WIDE	PURCHASE AIR COMPRESSOR	1475	1	0	373	373	372.68	COMPLETE
OK066001	REMODEL 4 UNITS	1460	4	0	12,290	12,290	12,290.00	COMPLETE
PHA WIDE	PURCHASE COPY MACHINE	1475	1	0	2,495	2,495	2,495.00	COMPLETE
PHA WIDE	PURCHASE COMPUTER SYSTEM/PRINTER	1475	1	0	1,250	0	0	

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Printed 11/17/03 4:14 PM

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Housing Authority of the Town of Tishomingo			<b>Grant Type and Number</b> Capital Fund Program No: OK56P06650102 Replacement Housing Factor No:				Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
OK066001	9/30/04			9/30/05			
PHA WIDE	9/30/04			9/30/05			



## 8. Capital Fund Program 5 Year Action Plan

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Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: 2005 PHA FY: 2005	FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:
<i>OK066001</i>	Annual Statement	53,392			
CFP Funds Listed for 5-year planning		53,392			
Replacement Housing Factor Funds					

## 8. Capital Fund Program 5 Year Action Plan

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Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2005 PHA FY: 2005			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	OK066001	TRANSFER TO OPERATIONS	3,500			
Annual	OK066001	PROVIDE STRUCTURAL REPAIR TO 4 UNITS WHERE CRACKED FROM SETTLEMENT	49,892			
Statement						
Total CFP Estimated Cost			\$53,392			\$

## **8. Capital Fund Program 5 Year Action Plan**

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## Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages—Work Activities

Activities for Year :____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
Total CFP Estimated Cost		\$			\$

**Required Attachment A: Resident Member on the PHA Governing Board**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:  
JOYCE SANDERS

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 3 YEARS, 9/5/05

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: 9/5/04

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Rex Morrell, Mayor

**Required Attachment B: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

JOYCE I. SANDERS  
STEPHANIE STEER  
JAQUITA M. PAGE  
MAGGIE JOHN

**REQUIRED ATTACHMENT C: Resident Advisory Board comments and/or Recommendations and how the Housing Authority addressed these:**

**COMMENT:** REPAIR & PAINT CEILINGS IN UNITS

**RESPONSE:** THE BOARD HAS DETERMINED THAT THIS ITEM IS BEING PERFORMED DURING THE MAKE-READY OF UNITS

**COMMENT:** REFURBISHMENT OF PARKING AREAS TO STEEPER GRADE SLANTS FOR BETTER DRAINAGE.

**RESPONSE:** THE BOARD DID NOT FEEL THAT THEY COULD DO THIS WORK ITEM IMMEDIATELY; THEY HAD HIGHER PRIORITIES AT THIS TIME. THE BOARD WILL KEEP IT UNDER ADVISEMENT FOR FUTURE CAPITAL FUND PROGRAMS.

**COMMENT:** CONSIDER FUTURE CARPETING FOR ALL APARTMENTS

**RESPONSE:** THIS WAS INCLUDED AS A WORK ITEM IN 2004 CAPITAL FUNDS PROGRAM

**COMMENT:** COMPLETE FENCING AND GATE FOR FULL ENCLOSURE BEHIND OFFICE AREA FOR PLAYGROUND EQUIPMENT.

**RESPONSE:** THE HOUSING AUTHORITY CURRENTLY HAS HIGHER PRIORITY ITEMS THAT NEED TO BE COMPLETED AT THIS TIME. HOWEVER, THE BOARD WILL KEEP THIS SUGGESTION UNDER ADVISEMENT FOR FUTURE CAPITAL FUND PROGRAMS

**COMMENT:** OFFICE REMODELING TO INCLUDE BETTER OFFICE SUPPLY STORAGE, ENHANCED WORK AREAS AND A LARGE CONFERENCE ROOM.

**RESPONSE:** THE BOARD WILL KEEP THIS SUGGESTION UNDER ADVISEMENT FOR FUTURE CAPITAL FUND PROGRAMS

**ATTACHMENT D:****COMPONENT 10 (B) Voluntary Conversion Initial Assessments**

- a. How many of the PHA's developments are subject to the Required Initial Assessment? 1
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? 0
- c. How many Assessments were conducted for the PHA's covered developments? 1
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
OK066001	36

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.

STATUS:

I, Ronnie L. Morehead, Management Agent of the Housing Authority of the Town of Tishomingo certify that we have

- ☐ (a) Reviewed the development's operation as public housing;
- ☒ (b) Considered the implication of converting the public housing to tenant based assistance; and
- ☒ (c) Concluded that conversion of the development may be:
  - ☐ (1) Appropriate because removal of the development would meet the necessary conditions for voluntary conversion:
    - ☐ (a) Conversion would not be more expensive than continuing operation as public housing;
    - ☐ (b) Principally benefit the residents of the public housing development to be converted and the community; and
    - ☐ (c) Not adversely affect the availability of affordable housing in the community.
  - ☒ (2) Inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion because:

- ☒ (a) Conversion would be more expensive than continuing operation as public housing;
- ☒ (b) Conversion would not principally benefit the residents of the public housing development and community; and
- ☒ (c) Conversion would adversely affect the availability of affordable housing in the community.

Certified by:

Housing Authority of the  
Town of Tishomingo  
PHA Name

OK066  
PHA Number

\_\_\_\_\_  
Ronnie L. Morehead, Management Agent

\_\_\_\_\_  
Date



**ATTACHMENT E:**

**PROGRESS IN MEETING 5 YEAR PLAN MISSION AND GOALS**

The Housing Authority of the Town of Tishomingo has and continues to administer the housing programs in accordance with its Mission.

The Housing Authority of the Town of Tishomingo is steadily working to achieve the goals that it established in its 5 Year Plan.